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CITY OF GREENVILLE

POLICY NO. HR-32

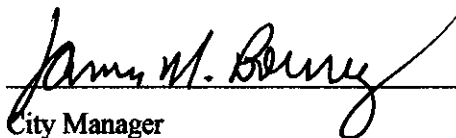
DATE July 01, 2004

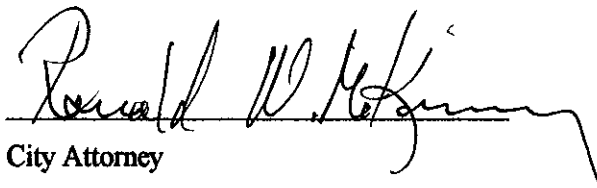
SUBJECT: HIPAA Privacy Policy and Procedures

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APPROVALS:


City Manager


City Attorney


Human Resource Director

I. Purpose

As an employer who sponsors self-insured PPO health and dental plans, an employee assistance program, flexible medical spending accounts (covered entities: CEs), and, who operates an on-site occupational health clinic which conducts medical examinations, treatments and referrals of its employees (technically, a health care provider), the City of Greenville is subject to the privacy regulations and administrative requirements of the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191; hereinafter, HIPAA), as amended. It is the purpose of this policy to set forth the City's processes and procedures for meeting its obligations under the act.

II. Scope

This policy applies to all classified employees of the City of Greenville, and to the City's contractors and Business Associates (BA's) who have access to protected health information (PHI) of City employees and retirees, and/or their dependants.

III. Policy

It is the City's policy to fully comply with HIPAA's administrative requirements, and Privacy Rule, and procedures established to address employees' concerns and/or complaints. (see 45 CFR 164.530 (i) and (d).) It is further the City's policy to impose sanctions and disciplinary action against any employee who fails to comply with the rules, or who intimidates, or retaliates against individuals who exercise their rights under the Privacy Rule. (see 45 CFR 164.530 (e) and (g).) The City reserves the right to change or modify this policy at any time in the future, in its sole discretion, or in compliance with the law.

IV. Procedures

A. Privacy Official:

The *Human Resource Director* shall serve as the City's *Privacy Official* and is responsible for the development, maintenance and implementation of the City's privacy policies and procedures.

B. Document Retention:

The *Privacy Official* shall ensure that copies of all privacy policies and procedures which are adopted by the City, as well as any other communications, authorizations, or written documents, required by HIPAA to be in writing, are retained for a period of at least six years.

C. Training:

It shall be the responsibility of the *Privacy Official* to ensure the training of all members of the

City's workforce who may receive protected health information (PHI) on behalf of the City's plan(s) or the City's occupation health clinic, about the City's privacy policies and procedures.

D. Contact Person:

The Benefits Administrator shall serve as the City's *Contact Person* and is responsible for receiving and documenting employee complaints, and for providing information about the City's self-insured benefits plan(s) and health-care provisions.

E. Notification to Participants:

The *Contact Person* shall be responsible for developing and distributing to all covered health plan participants, and health-care recipients, a *Notice of Privacy Practices*, (see Exhibit A.) describing how the participants' PHI may be used and disclosed, and how the participants or recipients can access that information. The Notice of Privacy Practices shall include, but not be limited to, at least the following:

- ✍ A summary of the Privacy Rules and a description of Protected Health Information (PHI)
- ✍ Notice of their rights to inspect, amend, and copy their PHI, and to receive an accounting of the uses and disclosures during the past 6 years, and their rights to request restrictions on certain uses and disclosures of their PHI.
- ✍ Notice of the City's complaint procedure for individuals who feel their PHI has been improperly used or disclosed, and an assurance that such complaints will not result in retaliation.
- ✍ The name, title, and telephone number of the *Contact Person*.
- ✍ Notice of the City's right to change or modify the plan's privacy policies at its sole discretion at any time in the future, and that participants will be notified of any such changes.
- ✍ The date on which the Notice of Privacy Practices is first in effect.

F. Access to PHI:

The following employees and retained professionals of the City of Greenville will have access, on a need to know basis, to employees' PHI only for the purposes of carrying out their administrative functions related to the plans and health-care provision:

Ad Hoc Members of the Disability Management Committee
Occupational Health Center Administrator/Health Nurse
Medical Assistant
City's contract Physician
City's contract EAP Provider

City's contract Psychologist
Human Resource Director
Benefits Administrator
Risk Manager
City Attorney
Internal Auditor(s)
City's contract Business Associates

G. Uses of PHI:

PHI shall not be used or disclosed for employment related decisions, or in connection with any other benefit or employee benefit plan sponsored by the City of Greenville. PHI shall only be used and disclosed as permitted by the plan documents, and as required by law. (45 CFR 164.504(f)(2)(ii)(A). *Permitted* uses and disclosure include treatment, payment, and health care operations; *required* uses and disclosure include public health reporting, law enforcement, medical research, and governmental audits. For greater detail, see Exhibit A.

H. Sanctions for Improper Use or Disclosure:

City employees who violate the HIPAA Privacy Rule or the City's privacy policies and procedures shall be subject to sanctions. The intention of this H.R. Policy is to give as much flexibility as needed to each manager to impose any sanctions, as needed. The policy recognizes that each situation that arises is unique. Employees who *unintentionally* violate the HIPAA Privacy Rule shall be required to review the HIPAA regulations, re-read this HIPAA Policy and Procedures, and sign an acknowledgement that they have read and understand these policies and procedures.

An employee who violates the HIPAA Privacy Rule or the City's privacy policies and procedures either *willfully, repeatedly but unintentionally, or repeatedly and negligently*, shall be subject to appropriate disciplinary action, including but not limited to one of the following:

- a) A written warning;
- b) Transfer or demotion to another position where the individual will not have access to PHI;
- c) Suspension; or
- d) Termination

It shall be the responsibility of the *Privacy Official* to document and retain records of all sanctions levied under this provision as required by the Act.

I. Complaint Procedure:

If you think that we may have violated your privacy rights, or you disagree with a decision we made about your privacy rights, you may tell us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We can give you that address upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information

Privacy Contact:	Stephany Smith	
	Benefits Administrator	
	City of Greenville	
Address:	P.O. Box 2207	
	Greenville SC 29602	
Telephone:	(864) 467-4528	Fax: (864) 467-5722

NOTICE OF PRIVACY PRACTICES

Exhibit A.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Privacy Promise

We will keep your medical information private. We will also give you this notice about our privacy practices, our legal duties and your rights concerning your medical information. We will follow the privacy practices that we describe in this notice while it is in effect. This notice takes effect April 14, 2004. It will remain in effect until it is changed or replaced.

We reserve the right to change our privacy practices and the terms of this notice at any time, as long as the law allows it. We reserve the right to make these changes effective for all medical information that we keep, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to you at the time of the change.

You may request a copy of our notice at any time or see a copy on our Website at www.greatergreenville.com.

Uses and Disclosures of Medical Information

We may use and disclose medical information about you for treatment, payment and healthcare operations. For example:

Treatment: We may use and disclose your medical information to a physician or other healthcare professional so they can treat you.

Payment: We may use and disclose your medical information for these and other related activities:

- ? to pay claims from physicians, hospitals and other healthcare professionals for services you received that your health plan covers
- ? to determine your eligibility for benefits
- ? to coordinate those benefits
- ? to determine medical necessity
- ? to obtain premiums
- ? to issue explanations of benefits to you
- ?

We may disclose your medical information to a healthcare professional or entity also bound by the federal Privacy Rules so they can obtain payment or engage in payment activities.

Health Care Operations: We may use and disclose your medical information in the normal course of our health care operations. This includes:

- ? determining our risk and premiums for your health plan
- ? quality assessment and improvement activities
- ? reviewing the qualifications of healthcare professionals; evaluating practitioner and provider performance; conducting training programs, accreditation, certification, licensing or credentialing activities
- ? medical review, legal services and auditing, including fraud and abuse detection and compliance
- ? business planning and development

- ? business management and general administrative activities, including management activities relating to privacy, customer service, resolving internal grievances, and creating de-identified information or a limited data set.

We may disclose your medical information to another entity that has a relationship with you and is also bound by the federal Privacy Rules, for their healthcare operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, or detecting or preventing healthcare fraud and abuse.

Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. You may revoke your authorization in writing at any time. This will not affect any use and disclosures that your authorization allowed while it was in effect. Unless you give us a written authorization, we will not use or disclose your medical information for any reason except those described in this notice.

Your Family and Friends: We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare. We may use or disclose your name, location, and general condition or death to notify, or help notify (including identifying or locating) a person involved in your care.

Before we disclose your medical information to that person, we will give you a chance to object to us doing so. If you are not available, or if you are incapacitated or in an emergency situation, we will disclose your medical information based on our professional judgment of what we think would be in your best interest.

Your Employer or Organization Sponsoring Your Group Health Plan: We may use your medical information and that of others in our group health plan so we can administer the plan. Please see your group health plan document for a full explanation of the use and disclosures that the plan sponsor may make of your medical information in providing plan administration.

We may disclose summary information about those in our group health plan for two reasons. One is to get premium bids for the health insurance coverage. The second is to decide whether to modify, amend or terminate coverage. The summary information we may use summarizes claims history, claims expenses or types of claims those in our group health plan have filed. The summary information will not include demographic information about the people in the group health plan, but the plan sponsor may be able to identify you or others from the summary information.

Underwriting: We may use your medical information for underwriting, premium rating or other activities we do to create, renew or replace a contract of health insurance or health benefits. We will not use or further disclose this medical information for any other purpose, except as required by law and allowed by this notice.

Disaster Relief: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Public Relief: We may use or disclose your medical information as authorized by law for the following purposes that are in the public interest or benefit:

- ? as required by law
- ? for public health activities. These include disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury.
- ? to report adult abuse, neglect or domestic violence
- ? to health oversight agencies
- ? in response to court and administrative orders and other lawful processes
- ? to law enforcement officials in response to subpoenas and other lawful processes concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and to identify or locate a suspect or other person
- ? to coroners, medical examiners and funeral directors
- ? to organ procurement organizations
- ? to avert a serious threat to health safety
- ? in connection with certain research activities
- ? to the military and to federal officials for lawful intelligence, counterintelligence and national security activities
- ? to correction institutions regarding inmates
- ? as authorized by state workers' compensation laws.

Health-Related Services: We may use your medical information to contact you about health-related benefits and services or about treatment alternatives. We may disclose your medical information to a business associate to assist us in these activities.

Marketing: We may use or disclose your medical information to encourage you to purchase or use a product or service by face-to-face communication or to provide you with promotional gifts.

Individual Rights

Access: You have the right to look at or get copies of your medical information, with some exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical to do so. To get your medical information, you must make a request in writing. You may obtain a form to request access by using the contact information listed at the end of this notice. If you request copies, we will charge you \$0.25 for each page and for staff time to copy your medical information. We also will charge for postage if you want us to mail the copies to you. If you request another format, we will charge a cost-based fee for providing your medical information in that format. Contact us using the information listed at the end of this notice for a full explanation of our fees.

Disclosure Accounting: You have the right to request in writing to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, healthcare operations, as authorized by you, and for certain other activities on or after April 14, 2004. We will give you the date on which we made the disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fees.

Restrictions: You have the right to request in writing that we place additional restrictions on our use or disclosures of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing signed by a person authorized to make such an agreement for us. We will not be bound unless our agreement is in writing.

Confidential Communications: You have the right to request that we communicate with you about your medical information by other means or to other locations. You must make your request in writing. You must state that the information could endanger you if we do not communicate to you in confidence as you request. We must accommodate your request if it is reasonable, if it specifies the other means or location, and if it permits us to continue to collect premiums and pay claims under our health plans. This includes sending explanations of benefits to the named insured of our health plan.

Even though you requested that we communicate with you about that health care in confidence, an explanation of benefits issued to the (named insured) for health care that you received (for which you did not request confidential communications), or about the (named insured) or others covered by the health plan in which you participate, may contain sufficient information, such as deductible and out-of-pocket amounts, to reveal that you obtained healthcare for which we paid.

We will not be bound to your confidential communications request unless our agreement is in writing.

Amendment: You have the right to request that we amend your medical information. Your request must be in writing. It must explain why we should amend the information. We may deny your request if we did not create the information you want amended and the person or entity that did create it is available or we may deny your request for certain other reasons. If we deny your request, we will send you a written explanation. You may respond with a statement of disagreement that we will add to the information you wanted to amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this notice on our web site or by electronic mail (e-mail), you may request this notice in written form. Please contact us using the information listed at the end of this notice to request this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information below.

If you think that we may have violated your privacy rights, or you disagree with a decision we made about your privacy rights, you may tell us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We can give you that address upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information

Privacy Contact: Stephany Smith

Address: P.O. Box 2207, Greenville SC 29602

Telephone: (864) 467-4528 Fax: (864) 467-5722